NHS
West Lancashire
Clinical Commissioning Group

Policy for Functional Electrical Stimulation for Foot drop of Central Neurological Origin

With you.
For you.

Contents

1. Introduction

1.1 This document is part of a suite of policies adopted by NHS West Lancashire Clinical Commissioning Group (WLCCG) to drive its commissioning of health and healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to polices in that suite.

2. Definition

2.1 This policy relates to Functional Electrical Stimulation (FES) for patients with foot drop of central neurological origin.

2.2 This policy defines foot drop as the inability to lift the foot and toes when walking due to upper or lower motor neurone pathology.

2.3 Foot drop of central neurological origin can occur in patients with conditions such as stroke, cerebral palsy, multiple sclerosis and spinal cord injury.

2.4 FES is not suitable for patients with foot drop caused by lower motor neurone pathology and is this is therefore outside the remit of this policy.

2.5 FES for foot drop of central neurological origin has the intended outcome of improving a patient's gait, thereby reducing the effort of walking and preventing falls.

2.6 Standard first-line treatment options for foot drop of central neurological origin include physiotherapy or the use of an ankle-foot orthosis.

2.7 FES for foot drop involves stimulation of the common peroneal nerve with electrical impulses from an externally worn neurostimulator device via an electrode (implanted or positioned on the skin surface).

2.8 WLCCG recognises that a patient may:

- suffer from foot drop.
- wish to have a service provided for their foot drop,
- be advised that they are clinically suitable for FES, and
- be distressed by their condition, and by the fact that that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

3. Appropriate Healthcare

3.1 WLCCG considers that the purpose of FES for foot drop of central neurological origin places it within the category of interventions that are appropriate for commissioning (Category 1). Therefore, it will be commissioned by WLCCG if it also satisfies the criteria for effectiveness, cost effectiveness and ethical delivery.

4. Effective Healthcare

4.1 WLCCG considers that there is some evidence that FES is effective in improving walking speed, reducing walking effort and improving function in patients with foot drop of central neurological origin. However, there was a lack of high quality evidence, patient reported outcome measures and long term follow up[1-3].

4.2 WLCCG recognises that the implantation of the FES electrode carries a risk of skin erythema and wound infection[1 2].

4.3 WLCCG notes that the National Guideline for Stroke (2008) recommends that FES of the leg is not used outside of the context of clinical trials unless foot drop is impeding gait and not satisfactorily controlled using ankle–foot orthoses and the patient has demonstrable gait improvement from its use[4].

5. Cost Effective Healthcare

5.1 WLCCG considers that FES is a cost effective option in patients with foot drop of central neurological origin whose gait is not adequately managed by ankle-foot orthosis and who have demonstrable functional improvement from a trial of its use.

6. Ethical Healthcare

6.1 WLCCG considers that FES for foot drop of central neurological origin meets the criterion for ethical delivery.

7. Policy

7.1 WLCCG will not commission FES for foot drop of central neurological origin unless ALL the following criteria are met:

- The patient has foot drop which is impeding gait and is not satisfactorily controlled using ankle–foot orthoses
  AND
- The patient has demonstrable functional improvement from an individual trial of FES
  AND
- The intervention is recommended by a multidisciplinary team specialising in rehabilitation.

8 Exceptions

8.1 WLCCG will consider exceptions to this policy. This policy is based on criteria of appropriateness, effectiveness, cost effectiveness and ethical issues. A successful request to be regarded as an exception is likely to be based on evidence that the patient differs from the usual group of patients to which the policy applies, and this difference substantially changes the application of those criteria for this patient. Requests for funding for FES under exceptional circumstances may be submitted to our Individual Funding Request Panel. (See Policy for Individual Funding Requests.)

9. Force

9.1 This policy remains in force for a period of four years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner. **Please note:** This policy is currently being reviewed by the Commissioning Development & Implementation Working Group.

References

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[2]NICE. Interventional procedure overview of functional electrical stimulation for drop foot of central neurological origin. June 2008
http://www.nice.org.uk/nicemedia/live/11932/41113/41113.pdf

[3]Roche A, o Laighin G, Coote S. Surface-applied functional electrical stimulation for orthotic and therapeutic treatment of drop-foot after stroke: a systematic review. *Physical Therapy Reviews*.2009;**14**(2):63-80.
http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12009108014/frame.html

[4]Royal College of Physicians. National Clinical Guidelines. 3rd Edition. July 2008
http://www.rcplondon.ac.uk/pubs/contents/6ad05aab-8400-494c-8cf4-9772d1d5301b.pdf